

FILED DEC 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **42481**
Registrar's No. **10559**

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|---|--|--|--|---|--|---|--|
| BIRTH NO. | | REG. DIST. NO. 218 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. 10559 | |
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) St. Louis | | | | c. CITY (If outside corporate limits, write RURAL and give township) St. Louis | | | |
| c. LENGTH OF STAY (In this place) 18 days | | | | d. STREET ADDRESS (If rural, give location) 5711 Wabada Ave. | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Hospital | | | | e. STREET ADDRESS (If rural, give location) 5711 Wabada Ave. | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) Florence | | b. (Middle) M. | | c. (Last) Knowles | |
| 4. DATE OF DEATH | | Dec. 9, 1950 | | 5. SEX female | | 6. COLOR OR RACE white | |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) | | single | | 8. DATE OF BIRTH June 30, 1894 | | 9. AGE (In years last birthday) 56 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bookkeeper | | 10b. KIND OF BUSINESS OR INDUSTRY Haberdashery | | 11. BIRTHPLACE (State or foreign country) St. Louis, Mo. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME Milton R. Knowles | | 13b. MOTHER'S MAIDEN NAME Clara E. Yeoder | | 14. NAME OF HUSBAND OR WIFE | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME Miss Olive E. Knowles-Arlington, Va. | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>See back of certificate for details of dying, such as heart failure, asthenia, etc. If means the disease, injury, or complication which caused death.</i> | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Heart failure ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Heart disease DUE TO (c) Hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH 4 months ? ? | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) | |
| 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 442X | | 22. I hereby certify that I attended the deceased from 11-22-50 , 1950, to 12-9-50 , 1950, that I last saw the deceased alive on Dec 9, 1950 , and that death occurred at 2:30 P.M. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE J. B. Luster | | 23b. ADDRESS 3720 Washington | | 23c. DATE SIGNED 12/11/50 | | | |
| 24a. BURIAL/CREMATION REMOVAL (Specify) burial | | 24b. DATE 12/12/50 | | 24c. NAME OF CEMETERY OR CREMATORY Lake Charles | | 24d. LOCATION (City, town, or county) (State) St. Louis County, Mo. | |
| DATE REC'D BY LOCAL REG. DEC 11 1950 | | REGISTRAR'S SIGNATURE J. B. Luster | | 25. FUNERAL DIRECTOR'S SIGNATURE Drehmann-Harral - 1905 Union Blvd. | | | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Julius Jensen ()
Beaumont Bldg.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Albert R. Thompson

Signed
Student Embalmer

Licensed Embalmer No. 4257

P. O. Address. St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of..... }
County of..... } ss.

State File No. 4-2481-5
Local Registrar's No. 10559

AFFIDAVIT FOR CORRECTION OF A RECORD

On this..... day of....., 194....., before me appears....., who, upon..... oath, states that the original record of birth death for Florence N. Knowles died 1950, 19....., in the State of Missouri, and which was filed at..... on....., 19....., should be corrected as follows:

Item No..... should read June 16 1894
Instead of..... June 30 1894

Item No..... should read Clara E. Yoder
Instead of.....

Item No..... should read.....
Instead of.....

Item No..... should read.....
Instead of.....

Item No..... should read.....
Instead of.....

Item No..... should read.....
Instead of.....

Item No..... should read.....
Instead of.....

Item No..... should read.....
Instead of.....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Rehmann-Harris Per
R. M. Harris Relationship
1905 Union Blvd.
Present Address.

Subscribed and sworn to before me this 22 day of Dec, 1945

My Commission expires 3-4-53 Frank Patton Notary Public.